

TRANSMITTAL LETTER

P990000065554

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000002933320--0
-07/16/99-01057-013
*****70.00 *****70.00

SUBJECT: CRF International Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Eric Marshall
Name (Printed or typed)

215 Pineda st #181
Address

Longwood FL 32750
City, State & Zip

407-830-8636
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

99 JUL 16 PM 2:21

FILED

NOTE: Please provide the original and one copy of the articles.

ajc 7/23

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CRF International Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PMB 147-380 South SR 434 Ste 1004 Altamonte Springs FL 32714-3866

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Eric Marshall 215 Pineda st #181 Longwood FL 32750

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Eric Marshall 215 Pineda st Longwood FL 32750



Signature/Incorporator

July 13 1999

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

July 13 1999

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA